

**DELAWARE HEALTH CARE COMMISSION**  
**REQUEST FOR PROPOSALS**  
**COMMUNITY HEALTHCARE ACCESS PROGRAM (CHAP)**  
**MANAGEMENT**

May 2, 2008

This package contains a Request for Proposals: Community Healthcare Access Program (CHAP) Management. This Request for Proposals contains the following sections:

- I. Introduction
- II. Background Information
- III. Requirements/Special Provisions
- IV. Project Guidelines
- V. Specific Proposal Requirements
- VI. Basis of Contract Award

**Attachment**

- Non-collusion statement and acceptance

**Serious bidders may receive the following attachments by contacting the Delaware Health Care Commission Office:**

- Delaware Code Annotated, Title 16, Chapter 99, Delaware Health Care Commission
- Delaware Health Care Commission Annual Report and Strategic Plan, 2008
- Community Health Care Access Program (CHAP) Annual Report

Responses are due in the Delaware Health Care Commission Office no later than 2:00 p.m. on Tuesday, May 20, 2008. The proposal must be in a sealed envelope with the bidder's name and words "Proposal: Community Healthcare Access Program Management."

Please review and follow the information and instructions contained in the general and special provisions section of the Request for Proposals (RFP). Should you require additional information, please contact Paula Roy at the Delaware Health Care Commission Office at (302) 739-2730.

## **I. Introduction**

The DE Community Healthcare Access Program (CHAP) is a statewide, tobacco settlement-supported program that completes patient case finding, eligibility and enrollment, service linkage and resource referral, and provides volunteer and low-cost direct medical services for enrolled low-income, uninsured individuals. The activities of the program focus on streamlining and expediting screening for public health insurance benefits and other State-sponsored, income-based programs, link uninsured individuals to low-cost/no-cost medical health homes, and to link them to needed low-cost/no-cost subspecialty, ancillary, and allied health resources. The program is evaluated annually for its impact on individual health status (as a result of patient's accessibility to a regular source of primary medical care), and its overall ability to reduce inappropriate health resource utilization. The goals of the CHAP are to:

- link uninsured individuals with public insurance products
- link uninsured individuals to a low-cost medical health home (a regular source of primary medical care)
- improve access to and appropriate utilization of health resources across the continuum of care, and;
- ultimately improve individual health status.

The Delaware Health Care Commission is the entity responsible for the management of the CHAP. The Commission has assembled a special committee, the Health Care Access Improvement Coalition (HCAIC), to oversee and promote this program. The Coalition is comprised of approximately 50 individuals representing statewide providers of care to uninsured populations and other health related organizations.

The Delaware Health Care Commission is seeking proposals for program management services for the CHAP. It is anticipated that the duration of this contract will be one year, with the option to extend the contract one additional year.

## **II. Background Information**

The Delaware Health Care Commission has been overseeing its "Uninsured Action Plan" (UAP) since 2000. The UAP has two components: planning and policy direction, and direct service delivery initiatives. These two components of the UAP originally were made possible through the receipt of federal funds through two separate grant programs each under the jurisdiction of the U.S. Department of Health and Human Services Health Services and Resources Administration (HRSA). One of those grants, the one that formed the CHAP, officially ended in 2003 after having received the maximum of 3 years of funding support. The other grant concludes on 8/31/06 with no options for extension.

In addition to the original CAP grant award, the Commission was the recipient of a series of State Planning Grants also awarded by the U.S. Health Resources and Services Administration (HRSA). As previously stated, these funds are no longer available, but the Commission has continued planning activities, some of which assume the delivery of services through the CHAP delivery network.

As the arm of the UAP that addresses direct service delivery initiatives, CHAP has created an infrastructure of medical health homes for eligible low income uninsured people (incomes not to exceed 200% of the federal poverty level and ineligible for public insurance). Patients are screened using a uniform financial screening and “enrolled” in a unique enrollment system. Enrolled patients receive identification cards, assignment to a medical home, access to a free or low cost network of statewide private specialty services, allied health services, and access to discounted diagnostic lab and radiology services. Most recent University of Delaware numbers suggest that there are some 20,720 statewide residents who fit this income eligibility criteria. The outreach component of CHAP had been deliberately postponed until enrollment volumes were experienced and the adequacy of the provider network was demonstrated. The primary network of “health homes” on which CHAP has relied are all four of Delaware’s federally funded health center programs, a standalone community health center, and a network of volunteer physicians coordinated and managed by the Medical Society of Delaware called the Voluntary Initiative Program or VIP. The Medical Society’s volunteer physician roster includes primary care, specialty care, hospital sponsored ambulatory care sites, and other allied health services.

The HCAIC originally recommended that patient advocates (care coordinators) be located at key sites throughout the state in order to find, assist, and serve enrolled patients. Sites were selected based upon their potential for contact with uninsured individuals. Participating sites identified uninsured patients, assisted and guided them through the complete public health insurance application process, facilitated their linkage to primary health homes and other health resources, provided education about the importance of primary care, sought follow-up to assure compliance with recommended linkages, and maintained detailed records describing these interactions and their outcomes. To facilitate these statewide care coordination activities, the CHAP continues to provide a dedicated Delaware Health and Social Services eligibility worker to expedite public insurance application processing.

In late FY06, CHAP enrollees began a process of completing comprehensive health risk assessments at time of enrollment and some CHAP enrollees are subsequently targeted with more focused health education and care management services due to their risk factors. It has become clear that what historically has been termed “care coordination”, particularly for higher-risk patients, involves a team approach to assessing, treating, assisting and medically managing CHAP enrollees. An RFP for provider network services to address this updated CHAP focus area was issued on June 14, 2006. The program will continue to evaluate the rates of completion of age and gender appropriate preventive screenings and patient satisfaction on all CHAP enrollees regardless of risk status. The high risk assessments will be under review in FY 2009.

The CHAP program is also a participant in a Robert Wood Johnson funded initiative called “Covering Kids and Families,” in which the Medical Society of Delaware is the lead agency. The Covering Kids and Families program’s focus is on outreach and enrollment in Medicaid and the Children’s Health Insurance Program (CHIP). According to the Delaware Health Care Commission 2007 Annual Report, nearly 26 percent of the

uninsured population – approximately 27,430 people – are eligible for existing public coverage but are not enrolled. Most recently, Astra-Zeneca pharmaceuticals has launched Healthy Delawareans Today and Tomorrow, which also focuses on outreach to the eligible but unenrolled. Through Healthy Delawareans Today and Tomorrow many CHAP and Covering Kids and Families activities are coordinated. Furthermore, Astra-Zeneca has provided additional outreach resources through the national non-profit Health Leadership Council's Health Access America campaign. In view of the complementary goals of CHAP, Covering Kids and Families, and Healthy Delawareans Today and Tomorrow, project management activities must include assuring smooth, seamless coordination and collaboration among the three programs.

The Delaware Health Care Commission has been committed to assure access to appropriate health care through the CHAP program and through other complementary activities that strengthen and support the state's health care safety net.

### **III. REQUIREMENTS/SPECIAL PROVISIONS**

#### **A. Nature of Contract, Term**

The contract is for professional consulting services with an independent contractor. It is anticipated that the contract will be executed on or about July 1, 2008, and services under the contract will continue until June 30, 2009. It may be extended for one additional year. The Delaware Health Care Commission will make a final determination on the contract period, and specific terms of the contract and services rendered under the contract, during negotiations with the intended contractor/consultant.

#### **B. Fixed Contract Amount**

Funding for this project will be determined. Prices will remain firm for the period of the contract.

#### **C. Contingent Funding**

The award of the contract is contingent upon funding approved by the Delaware General Assembly.

#### **D. Bond Requirement**

No bonds are required.

#### **E. Bid Opening**

All responses must be received no later than **2:00 p.m., Tuesday, May 20, 2008. Late submissions cannot be accepted.**

#### **F. Notification of Acceptance**

All bidders will be informed of the Delaware Health Care Commission's decision in writing.

#### **G. Basis of Contractor Selection**

The contractor will be selected on the basis of its response to this Request for Proposals, other information received, but at the sole discretion of the Delaware Health Care Commission. The extent to which proposals go beyond the requirements of the Request for Proposals may be considered in the overall evaluation. To the extent the Delaware Health Care Commission cannot agree on a contract with the first selected contractor, any other suitable contractor may be selected.

#### **H. Cost of Proposal Preparation**

All costs of proposal preparation will be borne by the bidding consultant.

#### **I. Subcontracting**

If a subcontractor is going to be used, this must be specified in the proposal, with an identification of the subcontractor, the service(s) to be provided and its qualification to provide such service(s).

#### **J. State of Delaware Business License**

Prior to receiving an award the successful firm shall either furnish the Delaware Health Care Commission with proof of a State of Delaware business license or initiate the process of application where required. An application may be obtained on the Internet at <https://onestoptspublic.dti.state.de.us/osbrlpublic/Home.jsp>, or requested in writing to: Department of Finance, Division of Revenue, Carvel State Office Building, 820 North French Street, Wilmington, Delaware, or by telephone to: (302) 577-8250.

Information regarding the award of this contract will be given to the Division of Revenue. Failure to comply with the State of Delaware licensing requirements may subject the organization or person to applicable fines and/or interest penalties.

#### **K. Hold Harmless**

The successful bidder agrees that it shall indemnify and hold the State of Delaware and all its agencies harmless from and against any and all claims for injury, loss of life or damage to or loss of use of property caused or alleged to be caused, by acts or omissions of the successful bidders' performance, or failure to perform as specified in the negotiated contract.

#### **L. Exceptions**

Bidders must meet the minimum requirements set forth in the Request for Proposal. They may choose to enhance these conditions. Enhancements will be considered in the overall evaluation, but the Delaware Health Care Commission may reject exceptions, which do not conform to state bid laws and/or create inequality in the treatment of the bidders.

#### **M. Bid Contract Execution**

Both the non-collusion statement that is enclosed with the Request for Proposals and the contract form delivered to the successful firm for signature must be executed by a representative who has legal capacity to enter the bidder into a formal contract with the State of Delaware, Delaware Health Care Commission.

### **IV. PROJECT GUIDELINES**

#### **A. Proposals**

Proposals must respond to each and every requirement specified in Item IV in order to be considered responsive. Firms submitting proposals may be afforded an opportunity for discussion and revision of proposals. Revisions may be permitted at the discretion of the Delaware Health Care Commission after submissions of proposals and prior to award of contract for the purpose of obtaining the best and final offers. Negotiation may be conducted with responsible firms or individuals whose proposals are found to be reasonably likely to be selected for award. The contents of any proposal shall not be disclosed and will not be available to competing firms during the negotiation process.

#### **B. Scope of Work**

Project management activities will, at a minimum, include:

- 1) Provide overall day to day management of all aspects of the CHAP program.
  - a) Assure smooth interaction of contractors within the CHAP network.
  - b) Monitor and manage implementation of CHAP activities under contracts.
  - c) Draft and prepare Requests for Proposals.
  - d) Prepare budgets, and assist commission staff as necessary in budget implementation.
- 2) Provide policy input to the Delaware Health Care Commission on all aspects of CHAP and related activities, including the effectiveness of the CHAP program and making recommendations for program changes that allow CHAP to more effectively and efficiently meet its goals.
- 3) Plan and coordinate meetings as necessary to further the goals of CHAP, including of the Health Care Access Improvement Coalition and various other individual or groups of partners, contractors or committees in the CHAP program and assure implementation of follow-up activities.
- 4) Manage and oversee smooth collaboration and coordination of activities between CHAP and the Medical Society of Delaware led “Covering Kids and Families” initiative, funded by the Robert Wood Johnson Foundation.
- 5) Manage and oversee smooth collaboration and coordination of activities between CHAP and the Astra-Zeneca Healthy Delawareans Today and Tomorrow campaign.

- 6) Assist the Delaware Health Care Commission identifying methods to improve access to appropriate health care through the CHAP program, modifications of the program, or other strategies.
- 7) Assist the Delaware Health Care Commission in coordinating between the CHAP program and the Commission's policy oriented State Planning Program, or other aspects of its Uninsured Action Plan to assure consistency of policy goals and identifying new opportunities for the Commission to meet its mission.
- 8) Provide on-going communication among CHAP parties and to the Delaware Health Care Commission.

### **C. Project Goals**

1. Oversee the continued growth and development of the CHAP as an integral component of Delaware's safety net.
2. Strengthen the health care infrastructure of services for uninsured and underinsured Delawareans.
3. Oversee programming initiatives within CHAP that seek to improve the health status of Delawareans who are at risk of chronic disease, disproportionately affected by health disparities, and that generally promote health prevention.

## **V. SPECIFIC PROPOSAL REQUIREMENTS**

Please prepare your proposal according to the following format:

- Non-Collusion Statement
- Table of Contents
- Organizational Qualification and Credentials of Individuals Proposed for Involvement
- Relevant Experience
- Proposed Methodology
- Timeline/Work plan
- Budget

## **VI. BASIS OF CONTRACT AWARD**

The following criteria will be used to evaluate the proposals:

Demonstrated experience and expertise in the subject matter -- 20 points

Demonstrated experience in services required in this RFP -- 25 points

Demonstrated ability to understand the nature and scope of program -- 20 points

Demonstrated ability to successfully manage the program, -- 25 points

Background and experience -- 20 points

Cost of proposal -- 10 points

Total Points: 120

Please submit one electronic copy and eight (8) paper copies (one unbound) of the proposal no later than 2:00 p.m., Tuesday, May 20, 2008 to:

Delaware Health Care Commission  
Margaret O'Neill Building, Third Floor  
410 Federal Street, Suite 7  
Dover, DE 19901  
Telephone: (302) 739-2730  
Fax: (302) 739-6927

The proposals must be in a sealed envelope with the bidder's name and the words "Proposal: Community Healthcare Access Program Management" on the envelope.

Please review and follow the information and instructions contained in the special provisions section of the RFP. Should you require additional information, please contact Paula Roy at the Delaware Health Care Commission at (302) 739-2730.



TITLE                    **COMMUNITY HEALTHCARE ACCESS PROGRAM MANAGEMENT**  
DATE                    May 2008

**NON-COLLUSION STATEMENT**

This is to certify that the undersigned bidder has neither directly nor indirectly, entered into any agreement, participated in any collusion or otherwise taken any action in restraint of free competitive bidding in connection with this proposal submitted this date to the Delaware Health Care Commission.

It is agreed by the undersigned bidder that the signed delivery of this bid represents the bidder's acceptance of the terms and conditions of this invitation to bid including all specifications and special provisions.

**NOTE:** Signature of the authorized representative **MUST** be of an individual who legally may enter his/her organization into a formal contract with the Delaware Health Care Commission.

NAME OF BIDDER: \_\_\_\_\_

NAME OF AUTHORIZED REPRESENTATIVE

(Please type or print) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

TITLE \_\_\_\_\_

ADDRESS OF BIDDER \_\_\_\_\_

\_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

PURCHASE ORDERS SHOULD BE SENT TO:

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

CONTACT \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

FEDERAL E.I. NUMBER \_\_\_\_\_

STATE OF DELAWARE BUSINESS LICENSE NUMBER \_\_\_\_\_

**THIS PAGE MUST BE SIGNED AND NOTARIZED FOR YOUR BID TO BE CONSIDERED**

\_\_\_\_\_ SWORN TO AND SUBSCRIBED BEFORE ME this \_\_\_\_\_ day of \_\_\_\_\_, 2008.

\_\_\_\_\_  
Notary Public

City of \_\_\_\_\_

County of \_\_\_\_\_

State of \_\_\_\_\_

My commission expires \_\_\_\_\_.